



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>33067</u>		2. Exact name of the Corporation <u>VENTRONIX SERVICE INC</u>			
3. Principal Office Address <u>40 FREDERICK ST.</u>		City <u>EAST PROVIDENCE</u>		State <u>RI</u>	Zip <u>02916</u>
4. NAICS Code <u>31-33 33249</u>		6. Brief description of the character of business conducted in Rhode Island <u>MACHINE REPAIRS, SERVICE WORK PARTS SALES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>MANUEL VENTURA</u>			Vice-President Name <u>MANUEL VENTURA</u>		
Street Address <u>40 FREDERICK ST.</u>			Street Address <u>SAME</u>		
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02916</u>	City	State	Zip
Secretary Name <u>CREMILDE VENTURA</u>			Treasurer Name <u>MANUEL VENTURA</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>200</u>		
			<u>COMM</u>		
			<u>NO PAR</u>		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <u>MANUEL VENTURA</u>					Date <u>12/13/17</u>
Signature of Authorized Representative <u>Manuel Ventura</u>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 10 2018

FORM 630 - Revised: 10/2017

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